Meteorology and Air Quality Group

EMPLOYEE TRAINING NEEDS

This form is from MAQ-024

Date

Supervisor documentation of employee's training needs.

I have reviewed this employee's job, co training to the following procedures and			
Procedure number or course title:			
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Procedure number or course title:			
Comments (optional):			
Employee signature	Name (print)	Z no.	Date

Name (print)

Supervisor: Submit this form to the group training coordinator.

Supervisor signature